UNITED HEALTH CARE	MEDICAL ONLY Premium	DENTAL PREMIUM (per person) DIAMOND PLATINUM		VISION PREMIUM (per person)	
In Area:					
Retiree Only	\$1,460.25		\$25.00		
Retiree + One Dependent	\$2,540.18	\$50.00		\$15.00	
Retiree + Family	\$3,807.30				
Out of Area:					
Retiree Only	N/A				
Retiree + One Dependent	N/A	N/A	N/A	N/A	
Retiree + Family	N/A				

MEDICARE ADVANTAGE Plan	MEDICAL ONLY PREMIUM	DENTAL PREMIUM (per person) DIAMOND PLATINUM		VISION PREMIUM (per person)	
Retiree Only	\$258.20	<b>¢</b> E0 00	¢25.00	¢15.00	
Retiree + One Dependent	\$496.05	\$50.00	\$25.00	\$15.00	

PPO PLAN	Unused Sick Leave							
(Medical, Dental & Vision)	LESS THAN 150 DAYS	150-199 Days	200-249 Days	250-299 Days	300 Days or More			
10-19 Years of Service								
Retiree Only	\$818	\$806	\$795	\$783	\$771			
Retiree + One Dependent	\$1,987	\$1,975	\$1,964	\$1,952	\$1,940			
Retiree + Two Dependents	\$3,156	\$3,144	\$3,133	\$3,121	\$3,109			
20-25 Years of Service	20-25 Years of Service							
Retiree Only	\$643	\$631	\$619	\$608	\$596			
Retiree + One Dependent	\$1,812	\$1,800	\$1,788	\$1,777	\$1,765			
Retiree + Two Dependents	\$2,981	\$2,969	\$2,957	\$2,946	\$2,934			
26-29 Years of Service								
Retiree Only	\$526	\$514	\$502	\$491	\$479			
Retiree + One Dependent	\$1,695	\$1,683	\$1,671	\$1,660	\$1,648			
Retiree + Two Dependents	\$2,864	\$2,852	\$2,840	\$2,829	\$2,817			
30 or More Years of Service								
Retiree Only	\$374	\$362	\$350	\$339	\$327			
Retiree + One Dependent	\$1,543	\$1,531	\$1,519	\$1,508	\$1,496			
Retiree + Two Dependents	\$2,712	\$2,700	\$2,688	\$2,677	\$2,665			

MEDICARE ADVANTAGE PLAN (Secure Horizons, including PPO Dental & Vision)	MONTHLY PREMIUM		
Retiree Only	\$305.34		
Retiree + One Dependent	\$590.33		

Retiree and dependent must have both Medicare Parts A & B in order to enroll in the Secure Horizons Plan. However, subsidy is not applied to Secure Horizons Plan. All retirees and dependents ages 65 years and older are not eligible to participate in Retiree Health PPO Plan and they must go on Secure Horizons Plan.

YEARS OF SERVICE	MONTHLY Premium	SUBSIDY RATE	Subsidy Amount	RETIREE Premium
10 - 19 Years	\$1,169	30%	\$351	\$818
20 - 25 Years	\$1,169	45%	\$526	\$643
26 - 29 Years	\$1,169	55%	\$643	\$526
30 or More Years	\$1,169	68%	\$795	\$74

	TOTAL SUBSIDY							
	INCENTIVE SUBSIDY	0%	1%	2\$	3%	4%		
	Unused Sick Leave	Less than 150 Days	150-199 Days	200-249 Days	250-299 Days	300 Days or More		
ice	10 - 19 Years	\$351	\$363	\$374	\$386	\$398		
Service	20 - 25 Years	\$526	\$538	\$550	\$561	\$573		
ars of	26 - 29 Years	\$643	\$655	\$667	\$678	\$690		
Years	30 or More Years	\$795	\$807	\$819	\$830	\$842		